

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CJL</i>	<i>1004514</i>	<i>7/13/60</i>
O.I.P.E. CLASSIFIER	<i>JW</i>	<i>52</i>	<i>7/18/60</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			<i>9-7-60</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	<i>5-6-60</i>
1 ✓	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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